

FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2329  
Registrar's No. 25

Registration District No. 213

Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(c) Name of hospital or institution Washington St. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME Cathryn Rae Putman

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married Divorced child

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 17 1940  
(Month) (Day) (Year)

8. AGE: Years 6 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Jefferson City Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business None

12. Name Palmer Putman

13. Birthplace New Bloomfield Mo. U  
(City, town, or county) (State or foreign country)

14. Maiden name Guth

15. Birthplace Jefferson City Mo. U  
(City, town, or county) (State or foreign country)

16. (a) Informant Palmer Putman

(b) Address Monia & Edmond Edging

17. (a) Burial (b) Date thereof Dec. 24 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside

18. (a) Signature of funeral director James J. J. J.

(b) Address Jeff. City Mo.

19. (a) 1-25-41 (b) J. J. J. J.  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26  
(c) City or town Jefferson City 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. Monia - Edmond  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23  
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Constitutional heart disease (Coronary artery atherosclerosis) (Sudden cardiac death)

Due to  Died one morning

Due to 157K

Other conditions 157K  
(Include pregnancy within 3 months of death)

Major findings: Of operations 157K

Of autopsy 157K

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 157K

(b) Date of occurrence 157K

(c) Where did injury occur? (City or town) (County) (State) 157K

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 157K

(Specify type of place) (e) Means of injury 157K

23. Signature Frank J. J. (M. D. or other) 157K

Address Jefferson City Date signed 1-25-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

*Body Was Not Embalmed.*

Signed.....

*J. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jefferson City*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**